1. Applicant:

Application to Purchase and Use Radioactive Material Part II Information Specific to the Procedure

| | Name: | | | | | | | |
|--|---|---------------|---------------|---------------------------|--------------------------------|--|--|--|
| | | | | Fa: | K: | | | |
| | | SS: | | | | | | |
| 2. | This Applica | | | | | | | |
| | a) Nucleic acids or precursors tagged with radioactive material | | | | | | | |
| 3. | Nature and Purpose of Use: (brief description) | | | | | | | |
| 4. Duration of Use: (months, years, indefinite) | | | | | | | | |
| 5. | 5. Radioactive Materials Used: | | | | | | | |
| | Isotope | Chemical Form | Physical Form | Activity per Procedure | Maximum Possession Limit | | | |
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| 6. | Major Steps in Processing and Handling (include protocol) | the Radioisotopes: | | | | |
|---|--|---|--|--|--|--|
| 7. | Indicate any Unusual Hazards Associated Project: | I with Radioactivity for this Research | | | | |
| 8. | Indicate the Radioactive Waste Anticipate | ed to be Generated from this Research: | | | | |
| | □ Dry-Solid□ Aqueous Liquid□ Organic Liquids□ Animals□ Gases | ☐ Radioactive Sharps ☐ Liquid Scintillation Fluid in Vials ☐ Liquid Scintillation Fluid in Bulk ☐ Powders ☐ Other | | | | |
| 9. | Will you be using either of the following? | | | | | |
| | ☐ Uranium Compounds | ☐ Thorium Compounds | | | | |
| 10. Please Indicate which, if any, of the following devices will be utilized in conjunction with radioactivity: | | | | | | |
| | □ Open Lab Bench □ Biological Safety Cabinet □ Spill Containment Trays □ Tongs □ Shielded Stock Containers □ Centrifuge □ Benchtop Shielding | ☐ Fume Hood ☐ Glove Box ☐ Absorbant/Protective Bench Covering ☐ Portable Radiation Survey Meters ☐ Vacuum Pumps ☐ Micro-Centrifuge | | | | |

| 11. | List any additional/specialized facilities and equipmen | nt: | | |
|-----|--|-----------------------|--|--|
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| 12. | Certification: | | | |
| | I certify that all radioactive material will be handled in accordance with the guidelines, policies, and rules of this university and as indicated in this application. I further agree to notify the Radiation Safety Officer before enacting any changes in the use of radioactive material as herein described. | | | |
| | Applicant: | Date: | | |
| | Dept. Chair: | Date: | | |
| | | | | |
| | Send Completed Application and Floor Plan to E | H&S, Radiation Safety | | |
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